

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

10/058416

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7					1	
8						1
9						1
10						1
11						4
12					1	
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49						
50						
Total indep					3	
Total depend					7	
Total claims					10	

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total indep						
Total depend						
Total claims						

# CLAIMS ONLY

Application Number

10058416

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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4						
5						
6						
7					1	
8						1
9						1
10						4
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Total Indep					3	
Total Depend					7	
Total Claims					10	

	Indep	Depend	Indep	Depend	Indep	Depe
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Total Indep						
Total Depend						
Total Claims						